

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	FD.		7/5/00
O.I.P.E. CLASSIFIER	(initials)	TC	7/10/00
FORMALITY REVIEW		TC 826	6/15/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	7/14/00
2	7/14/00
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	0
13	0
14	0
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
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26	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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